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Future Encounter Processing Schedule

The Encounter Processing Schedule for October – December 2015 and January –March 2016 is currently on the AHCCCS website: <http://www.azahcccs.gov/commercial/ContractorResources/encounters/EncounterKeys.aspx>

New FQHC-LA effective 10/29/14

2 sites--Provider type C2 with PPS rate effective 4/1/15:

Provider ID: 012396—Valle Del Sol - 1209

NPI: 1225317944

Provider ID: 012404 Valle Del Sol—3807

NPI: 1255614079

PPS rate: \$173.77

Update to rate for FQHC Native Health

PPS rate effective 4/1/15: \$258.15

New FQHC- effective 3/3/15

Effective March 3, 2015

Provider type C2 with PPS rate effective 4/1/15:

Provider ID: 011432—Terros, Inc.—6153

NPI: 1699173245

PPS rate: \$198.13

Reminder regarding Error Code N027 - DRUG NOT ELIGIBLE FOR MEDICAID COVERAGE

Just a reminder some time ago the following paragraph was sent out in regards to the coverage of barbiturates and benzodiazepines.

AHCCCS' Dual Eligible Pharmacy Benefit Changes

Effective January 1, 2013, Medicare will begin coverage of barbiturates used for the treatment of epilepsy, cancer or chronic mental health conditions and benzodiazepines for any condition.

Therefore, beginning January 1, 2013 AHCCCS and its Contractors, shall not reimburse prescription claims for barbiturates used for the treatment of epilepsy, cancer or chronic mental health conditions or benzodiazepines prescribed for any condition for dual eligibles.

[Final Contractor Memo for Dual Eligible Coverage of Benzodiazepines and Barbiturates 7/31/2012 \[22KB\]](#)

[Federal Register Rules and Regulations 4/12/2012 \[680KB\]](#)

Contractor Override Request Processing Status/Other Items

Over the last 4 encounter cycles, AHCCCS has made shifted resources and focused on researching and, when appropriate, overriding the Contractors pended encounters. Over the last 2 months we have processed or 12,000 Contractor override requests. As a result of these efforts, the backlog has diminished and we are now processing overrides submitted in April 2015. The caveat to this statement, is if the pended encounter is related to a system fix and will not allow an override at this time, (i.e. P340 related to A951) . In addition, DAR has been working on several short term interventions to reduce several troublesome pharmacy edit errors, until the SSRs can be promoted. Particularly, N020, N027 and A905 for C. Last month we corrected the top 15 NDCs pended for N020 and saw a reduction of total of N020 pends by approximately 40,000 across Contractors. We will have another set corrected after June's first encounter cycle and in-place prior to July's cycle.

What this means to the Contractors:

If you feel you have unprocessed overrides request older than March 2015, please contact me directly.

- Ensure the overrides are reflected on the Quarterly override logs. These logs are reviewed for appropriateness by our Data Validation staff.
- Starting with the next quarter of pended encounter sanctions (June 30, 2015), I expect the number of disputes based on open override requests to minimal. Please review robo-generated responses, such as," Submitted for Override" for applicability.

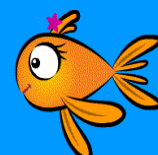
Age

- The minimum age 000 years and maximum age 999 year has been changed for the CPT code 63295 (Reconstruction of spine bone following spinal procedure).
- The maximum age limit has been changed to 020 for the HPCPS codes D2929 (Prefabricated porcelain/ceramic crown - primary tooth) and D2934 (Prefabricated esthetic coated stainless steel crown - primary tooth).
- The maximum age has been changed to 008 day for the diagnosis code V20.31 (Health Supervision for Newborn Under 8 Days Old).

Code Changes

- Effective for dates of service on or after April 1, 2015 the coverage code has been changed to 01 (Covered Service/Code Available) for the CPT code 86352 (Analysis of cell function and analysis for genetic marker).
- Effective for dates of service on or after January 1, 2015 the coverage code has been changed to 01 (Covered Service/Code Available) for the CPT code 77385 (Radiation therapy delivery) and the POS 11 (Office) has been added to this code.
- Effective for dates of service on or after January 1, 2015 the coverage code has been changed to 01 (Covered Service/Code Available) for the CPT codes 77386 (Radiation Therapy Delivery) and 77387 (Guidance for Localizations of Target Delivery of Radiation Treatment Delivery).
- Effective for dates of service on or after January 1, 2015 the coverage code 04 (Not Covered Service/Code Not Available) has been changed for the CPT code 88343 (Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (list separately in addition to code for primary procedure)
- Effective for dates of service on or after January 1, 2014 the coverage code 04 (Not Covered Service/Code Not Available) has been changed for the HCPCS Code Q2033 (Influenza vaccine, recombinant hemagglutinin antigens, for intramuscular use (flublok).
- Effective for dates of service on or after April 1, 2015 the coverage code has been changed to 04 (Not Covered Service/Code Not Available) for the following codes:

Code	Description
77061	Digital tomography of one breast
77062	Digital tomography of both breasts
77063	Screening digital tomography of both breasts
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular



- Effective for dates of service on or after January 1, 2015 the coverage code has been changed to **05 (Outpatient Hospital Services)** for the following codes:

Code	Description
C9446	Injection, Tedizolid Phosphate, 1mg
C9742	Laryngoscopy, flexible fiberoptic, with injection into vocal cord(s), therapeutic, including diagnostic laryngoscopy, if performed

- Effective for dates of service on or after May 1, 2015 the coverage code for the following HCPCS codes has been changed to **09 (Medicare Only)**:

Code	Description
G6018	Ileoscopy,through stoma; with transendoscopic stent placement (includes predilation)
G6019	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to
G6020	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)
G6022	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesions(s) not amenable to re-
G6023	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)
G6024	Colonoscopy, flexible; proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion
G6025	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)

Modifier(s)

- Effective for dates of service on or after January 1, 2014 the modifier 50 (Bilateral Procedure (Pay 50%)) has been added to the CPT code 27216 (.Insertion of hardware to broken and/or dislocated bone on one side of pelvis, accessed through the skin)).
- Effective for dates of service on or after January 1, 2013 the modifier 78 (Return To O.R. For Related Procedure Post-Op) has been added to the CPT code 37211 (Insertion Of Catheter Into Artery For Drug Infusion For Blood Clot Including Radiological Supervision And Interpretation).
- Effective for January 1, 2014 the modifier PT (Colorectal Cancer Screen) has been added to RF121 for CPT code 45378 (Diagnostic examination of large bowel using an endoscope).
- Effective for dates of service on or after February 1, 2015 the modifier SG (AMB Surg Ctr (ASC) Facility) has been added to the CPT code 50780 (Connection To Bladder Of Lower Portion of Urinary Duct (Ureter)) And 50783 (Connection Of Lower Portion Of Urinary Duct (Ureter) To Bladder).

- Effective for dates of service on or after January 1, 2014 the following modifiers have been added to the CPT Codes below:

Code	Description	Modifier			
		51 (Multiple procedures)	52 (Reduced Services)	A1 (Principal Physician of Record)	PT (Colorectal cancer screening test)
45378*	Diagnostic examination of large				X
92521	Evaluation of Speech Fluency		X		
92522	Evaluation of speech sound produc-		X		
93531	Insertion of catheter into right and left heart chambers for evaluation of congenital abnormalities	X			
99233	Subsequent Hospital Inpatient Care,			X	

Note: 45378 modifier PT was added on RF121 it was previously on RF122 with a date of 1/1/2011.

- Effective for dates of service on or after September 1, 2014 the following CPT codes can report the modifier AD (Supervision > 4 Concurrent Anesthesia Service):

Code	Description
01470	Anesthesia for procedure on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot
01480	Anesthesia for open procedure on bones of lower leg, ankle and foot
01482	Anesthesia for open amputation below the knee
01967	Anesthesia for labor during planned vaginal delivery
01968	Anesthesia for cesarean delivery following labor

- Effective for dates of service on or after January 1, 2014 the modifiers 22 (Unusual Procedural Services) and has been added to the CPT code 52356 (Crushing of Stone in Urinary Duct (Ureter) With Stent Using An Endoscope).
- Effective for dates of service on or after January 1, 2015 the modifiers LT (Identifies Left Side Body Procedures), RT (Identifies Right Side Body Procedures); and 50 (Bilateral Procedure (Pay 50%)) have been added CPT codes 76641 (Ultrasound of one Breast) and 76642 (Ultrasound of One Breast).
- The modifier 59 (Distinct Procedural Service) has been back dated to January 1, 2012 for the CPT code 81408 (Molecular pathology procedure level 9).



- Effective for dates of service on or after January 1, 2014 the modifier 91 (Rep. Lab Test/Non-Emg) has been added to the CPT code 84999 (Unlisted Chemistry Procedure).
- Effective for dates of service on or after January 1, 2014 the modifier 59 (Distinct procedural service) has been added to the CPT codes: 86355 (Total cell count for B cells (white blood cells)) and 86357 (Total cell count for natural killer cells (white blood cell)).
- Effective for dates of service on or after January 1, 2014 the modifier EP (EPSDT SVS/Amb Trip ECF To Phys Off) has been added to the CPT codes 99213 (Established Patient Office Or Other Outpatient Visit, Typically 15 Minutes) and 99214 (Established Patient Office Or Other Outpatient, Visit Typically 25 Minutes).
- Effective for dates of service on or after January 1, 2014 the modifier JW (Drug Amount Discarded/Not Admin To Any Pati) has been added to the HCPCS code J9055 (Injection, Cetuximab, 10 mg).
- Effective for dates of service on or after April 1, 2015 the modifier 25 (Significant, Sep Ident E&M, Same Md & Day) has been added to the HCPCS Code T1015 (Clinic Visit/Encounter, All-Inclusive).
- Effective for dates of service on or after January 1, 2014 the following modifiers can be reported on the CPT codes below:

Modifier	Description
XE	Separate Encounter, A Service That Is Distinct Because It Occurred During A Separate Encounter
XS	Separate Structure, A Service That Is Distinct Because It Was Performed On A Separate Organ/Structure
XP	Separate Practitioner, A Service That Is Distinct Because It Was Performed By A Different Practitioner
XU	Unusual Non-Overlapping Service, The Use Of A Service That Is Distinct Because It Does Not Overlap Usual Components Of The Main Service

Code	Description
96372	Injection beneath the skin or into muscle for therapy, diagnosis, or prevention
96374	Injection of drug or substance into a vein for therapy, diagnosis, or prevention
96375	Injection of different drug or substance into a vein for therapy, diagnosis, or prevention



- Effective for dates of service on or after January 1, 2014 the modifier GC (Teaching Physician Service) has been added to the following CPT codes:

Code	Description
37242	Occlusion Of Artery (Other Than Hemorrhage Or Tumor) With Radiological Supervision And Interpretation,
37244	Occlusion Of Arterial Or Venous Hemorrhage With Radiological Supervision And Interpretation, Roadmapping,
52356	Crushing Of Stone In Urinary Duct (Ureter) With Stent Using An Endoscope
64642	Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 1-4 Muscles
64643	Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 1-4 Muscles
64646	Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles

- Effective for dates of service on or after January 1, 2013 the modifier 78 (Return to O.R. for related procedure post-op) for the CPT code 37211 (Insertion of catheter into artery for drug infusion for blood clot including radiological supervision and interpretation).
- Effective for dates of service on or after January 1, 2010 (Note the date has been retro) the modifier AS (PA SVCS for Assistant) has been added to the CPT code 43282 (Repair of hernia of muscle at esophagus and stomach with implantation of mesh using an endoscope).
- Effective for dates of service on or after January 1, 2012 the modifier 59 (Distinct procedural service) has been added to the CPT code 81408 (Molecular pathology procedure level 9).
- Effective for dates of service on or after January 1, 2014 the modifier EP (EPSDT Services/Amb trip ECF) has been added to the CPT codes 99213 (Established patient office or other outpatient visit, typically 15 minutes) and 99214 (Established patient office or other outpatient, visit typically 25 minutes).
- Effective for dates of service on or after January 1, 2014 the modifier 22 (Unusual procedural service) has been added to the CPT code 52356 (Crushing of stone in urinary duct (ureter) with stent using an endoscope)).

Place of Service

- Effective for dates of service on or after February 1, 2015 the following codes can be reported with the following POS:

Code	Description	Place of Service
50780	Connection Of Lower Portion Of Urinary Duct (Ureter) To Bladder	22 Outpatient Hospital & 24 Ambulatory Surgical Center
50783	Connection Of Lower Portion Of Urinary Duct (Ureter) To Bladder	24 Ambulatory Surgical Center

- Effective for dates of service on or after January 1, 2015 the following codes can be reported with the following POS:

Code	Description	Place of Service
25109	Removal of tendon of forearm and/or wrist	21 Inpatient Hospital
59120	Removal of ovarian or tubal pregnancy	22 Outpatient Hospital
80300	Drug Screen	11 Office

- Effective for dates of service on or after January 1, 2013 the following codes can be reported with the following POS:

Code	Description	Place of Service
43282	Repair of hernia of muscle at esophagus and stomach with implantation of mesh using an endoscope	24 Ambulatory Surgical Center
60252	Removal of thyroid and surrounding lymph nodes	24 Ambulatory Surgical Center
92627	Evaluation of hearing rehabilitation	11 Office
A4648	Tissue marker, implantable, any type, each	11 Office
32560	Cather instillation of agent onto lung surface	23 Emergency Room Hospital

- Effective for the date of service on or after October 1, 2014 the CPT code 20950 (Insertion of device to monitor muscle compartment fluid pressure) can be reported with the POS 11 (Office).
- Effective for dates of service on or after January 1, 2010 the CPT code 27337 (Removal (3 centimeters or greater) tissue growth beneath the skin of thigh or knee) can be reported with the POS 24 (Ambulatory Surgical Center).
- Effective for dates of service on or after January 1, 2014 the CPT code 63076 (Removal of upper spine disc and release of spinal cord and/or nerves) can be reported with the POS 22 (Outpatient Hospital).

Revenue Code

- Effective for dates of service on or after February 1, 2015 the revenue code 0490 (Ambulatory Surgery) has been added to the CPT code 50780 (Connection To Bladder Of Lower Portion of Urinary Duct (Ureter)) And 50783 (Connection Of Lower Portion Of Urinary Duct (Ureter) To Bladder).
- Effective for dates of services on or after January 1, 2014 the revenue code 0750 (GASTR-INTS SVS) has been added to the CPT code 43275 (Removal of foreign body or stent from pancreatic or bile duct using an endoscope).



- Effective for dates of service on or after January 1, 2014 the following codes can be reported with the following POS:

Code	Description	Place of Service
15002	Preparation of graft site at trunk, arms, or legs (first 100 sq. cm or 1% body area infants and children)	23 Emergency Room Hospital
15004	Preparation of graft site of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq. cm. or 1% body area of infants and children)	23 Emergency Room Hospital
23071	Removal (3 centimeters or greater) tissue growth beneath the skin of shoulder area	11 Office
23076	Removal (less than 5 centimeters) muscle growth of shoulder area	11 Office
24076	Removal (less than 5 centimeters) muscle growth of upper arm or elbow	11 Office
27043	Removal (3 centimeters or greater) tissue growth beneath the skin of pelvis or hip	11 Office
27552	Closed treatment of knee dislocation under anesthesia	23 Emergency Room Hospital
27702	Arthroplasty, ankle; with implant (total ankle)	22 Outpatient Hospital
37236	Insertion of intravascular stents in artery (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or accessed through the skin, with radiological supervision and interpretation	11 Office
37244	Occlusion of arterial or venous hemorrhage with radiological supervision and interpretation, roadmapping, and imaging guidance	11 Office
52287	Examination with injections of chemical for destruction of bladder using an endoscope	11 Office
58145	Vaginal removal of fibroid tumors (250 grams or less) of uterus	11 Office
60512	Excision and reimplantation of parathyroid tissue	24 Ambulatory Surgical Center
62140	Reshaping of (up to 5 centimeter diameter) skull bone defect	22 Outpatient Hospital
62141	Reshaping of (larger than 5 centimeter in diameter) skull bone defect	22 Outpatient Hospital
63076	Removal of upper spine disc and release of spinal cord and/or nerves	22 Outpatient Hospital
95868	Needle measurement and recording of electrical activity of cranial nerve-supplied muscles on both sides of body	24 Ambulatory Surgical Center
95873	Electrical stimulation for guidance with injection of chemical for destruction of muscles	21 Inpatient Hospital
A4220	Refill kit for implantable infusion pump	11 Office
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	11 Office

Procedure Daily Maximum

The procedure daily maximum has been changed for the following codes:

Code	Description	Procedure Daily Maximum			
		000003	000010	000099	000999
87798	Infectious Agent Detection By Nucleic Acid (DNA Or RNA)	X			
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit		X		
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit		X		
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit			X	
B4150*	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit			X	
B4152*	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit			X	
B4153*	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit			X	
B4154*	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit			X	
B4155*	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit			X	
B4160	Enteral formula, for pediatrics, nutritionally complete			X	
J1030	Injection, Methylprednisolone Acetate, 40 mg	X			
Q9958	High osmolar contrast material up to 149 mg/ml iodine				X
Q9959	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml				X
Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml				X
Q9961	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml				X
Q9962	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml				X
Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml				X

Q9964	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml				X
Q9965	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml				X
Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml				X
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml				X
Q9968	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg				X
T1015	Clinic visit/encounter, all-inclusive	X			

Note* the limit and frequency have been removed from these codes on RF113 and RF127.

Provider Type

- Effective for dates of service on or after January 1, 2014 the PT 04 (Laboratory) can report the HCPCS code A9581 (Injection, Gadoxetate Disodium, 1 ml).
- Effective for dates of service on or after January 1, 2015 the PT 08 (MD-Physician) and 31 (DO-Physician Osteopath) can report the HCPCS code J7327 (Hyaluronan or Derivative, Monovisc, For Intra-Articular Injection, Per Dose).
- Effective for dates of service on or after January 1, 2015 the following CPT codes have been **added** for PT 08 (MD-Physician); 31 (DO-Physician Osteopath); 18 (Physicians Assistant) and 19 (Registered Nurse Practitioner).

Code	Description
77385	Radiation therapy delivery
77386	Intensity modulated radiation treatment delivery (IMRT)
77387	Guidance for localization of target volume for delivery

- Effective for dates of service on or after January 1, 2015 the PT 18 (Physician's Assistant) can report the HCPCS code J1071 (Injection, Testosterone Cypionate, 1mg).
- Effective for dates of service on or after February 1, 2015 the PT 43 (Ambulatory Surgical Center) has been added to the CPT code 50780 (Connection To Bladder Of Lower Portion of Urinary Duct (Ureter)) And 50783 (Connection Of Lower Portion Of Urinary Duct (Ureter) To Bladder).
- Effective for dates of service on or after January 1, 2014 the PT 10 (Podiatrist) can now report the HCPCS code E0114 (Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips) and the CPT code 76881 (Ultrasound of leg or arm).
- Effective for dates of service on or after January 1, 2014 the PT 19 (Registered Nurse Practitioner) can now report the CPT code 11043 (Removal of Skin and/or Muscle First 20 sq. cm or less).
- Effective for dates of service on or after January 1, 2014 the PT 19 (Registered Nurse Practitioner) can report the CPT code 22552 (Fusion of spine bones with removal of disc at upper spinal column, anterior approach) with the modifier AS (PA SVCS For Assistant/At Surgery).

- Effective for dates of service on or after January 1, 2014 the PT19 (Registered Nurse Practitioner) can report the following codes with the modifier AS (PA Services For Assistant/At Surgery) and 80 (Assistant Surgeon):

Code	Description
24685	Open Treatment Of Broken Forearm Bone At Elbow
27427	Reconstruction Of Knee Joint Ligaments
28118	Removal Of Heel Bone
29877	Removal Or Shaving Of Knee Joint Cartilage Using An Endoscope
29897	Partial Removal Of Ankle Joint Lining Using An Endoscope
49495	Repair Of Groin Hernia Full Term Infant Younger Than Age 6 Months

- Effective for dates of service on or after January 1, 2014 the CPT code 27786 (Closed treatment of broken ankle) has been added to the PT 19 (Registered Nurse Practitioner).
- Effective for March 31, 2015 the HCPCS code D1206 (Topical application of fluoride varnish) has been **end dated** for the Provider Types 08 (MD-Physician); 31 (DO-Physician Osteopath); 18 (Physician's Assistant) and 19 (Registered Nurse Practitioner).
- Effective for dates of service on or after January 1, 2013 the PT 19 (Registered Nurse Practitioner) can now report the CPT code 28122 (Partial removal of foot or heel bone) with modifier AS (PA SVCS For Assistant/At Surgery).
- Effective for dates of service on or after July 1, 2013 the PT 15 (Speech/Hearing Therapist) can report the CPT codes 92626 (Evaluation of Hearing Rehabilitation First Hour) and 92627 (Evaluation Of Hearing Rehabilitation).
- Effective for dates of service on or after January 1, 2014 the PT 19 (Registered Nurse Practitioner) can reported the CPT code 27786 (Closed treatment of broken ankle).
- Effective for dates of service on or after January 1, 2015 the HCPCS code J1439 (Injection, Ferric Carboxymaltose, 1mg) and J3121 (Injection, testosterone enanthate, 1 mg) can now be reported by the following PT's. 08 (MD-Physician); 18 (Physician's Assistant); 19 (Registered Nurse Practitioner) and 31 (DO-Physician Osteopath).
- Effective for dates of service on or after January 1, 2015 the following provider types 08 (MD-Physician); and 31 (DO-Physician Osteopath) can report the following HCPCS codes:
 - J0153 (Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)
 - J1071 (Injection, testosterone cypionate, 1mg).
 - J7327 (Hyaluronan or derivative, monovisc, for intra-articular injection, per dose).
- Effective for dates of service on or after January 1, 2014 the PT 09 (Certified Nurse-Midwife) can report the CPT code 90688 (Vaccine for influenza administered into muscle to individuals 3 years of age and older).
- Effective for dates of service on or after January 1, 2014 the PT 08 (MD-Physician) can now report the CPT codes 97803 (Medical Nutrition Therapy Re-Assessment and Intervention, Each 15 Minutes) and 97804 (Medical Nutrition Therapy Performed In A Group Setting, Each 30 Minutes).